MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
09779369
APPLICANT(S) FILING DATE
2 47-01

				е п		TED (
	AS F	ILED	AFT 1st AME	NDMENT	AF 2nd AME	TER NDMENT
\longrightarrow	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5		1				
6		1				L
7		1				
8		1				
9		1				
10		1				
11	1	•				
12		1				
13		1			<u> </u>	
		1			 	
14		-				-
15		1		1		-
16		 	l		 	
17	* }				-	
18	,					
						12e
20				T		-
21					 -	
22					<u> </u>	
23		·				
24			ļ		<u> </u>	ļ
25						
26					1	
27	_					
28	.,	j				
. 29						
30		-		T		ļ -
31				 		
32		 	 	<u> </u>		
33				 		
	ļ.,	ļ	<u> </u>	 	ļ	
34	<u>, ~ </u>	ļ	 	ļ		ļ
35	'			 		<u> </u>
36		ļ	!	 	┞	ļ
37		<u> </u>	ļ. <u>.</u>	ļ	ļ	ļ
38		<u> </u>		ļ	L	<u> </u>
39	· :					<u> </u>
40		ļ		ļ		ļ
41				.		ļ
42	,					ļ
43				L		
44						
45						Ī
46		†	 	 	 	
47	<u> </u>	<u> </u>		†	1	<u> </u>
48				 	!	
49		 	 	 	 	
	ļ	-	 	 	 	
50		-	 	 	 	
TOTAL IND.	3			9	1	1
TOTAL	12	••		-		لب
DEP.	//		i			